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**USPTO FACSIMILE COVER SHEET**

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To: Commissioner for Patents  
Fax Number: (571) 273-8300  
Date: March 13, 2006  
Pages: 17 pages (including this cover sheet)

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**MESSAGE:**

MINIMUM BAYES ERROR FEATURE SELECTION IN SPEECH RECOGNITION  
Application No. 09/699,894  
Examiner Myriam Pierre  
Art Unit 2654

Request for Continued Examination (in duplicate)  
Amendment Transmittal  
Amendment

YOR20000388US1  
(590.022)

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*Amendment Transminal*

MAR 13 2006

Atty. Docket No. YOR20000388US1  
(590.022)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Padmanabhan et al.  
Serial No. : 09/699,894 Examiner : Pierre, Myriam  
Filed : October 30, 2000 Group Art Unit : 2654  
For : MINIMUM BAYES ERROR FEATURE SELECTION IN SPEECH  
RECOGNITION

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1.  Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.

OR

2.  In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

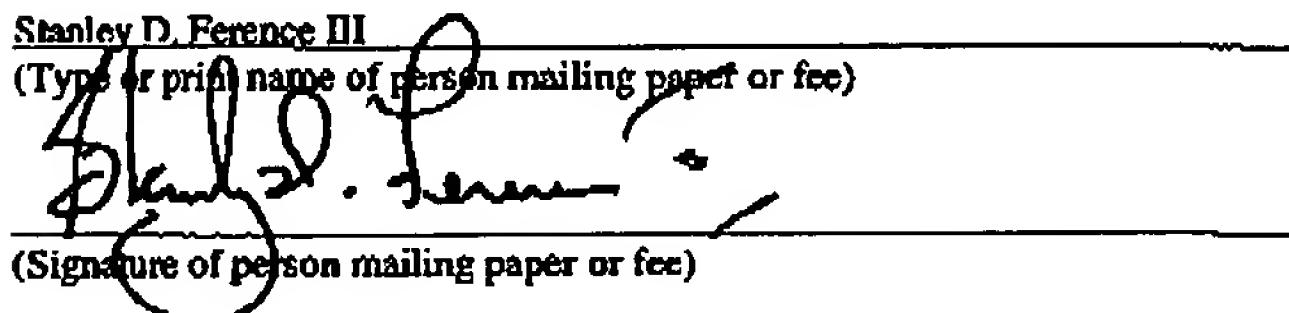
3.  Small Entity status of this application has been established by a verified statement previously submitted.

4.  A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMISSION UNDER 37 CFR § 1.8(a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (571) 273-8300 on March 13, 2006, to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III  
(Type or print name of person mailing paper or fee)

  
(Signature of person mailing paper or fee)

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Amendment TransmittalRECEIVED  
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MAR 13 2006Atty. Docket No. YOR20000388US1  
(590.022)

5.  Also enclosed: \_\_\_\_\_

6.  No additional filing fee is required.

7.  The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
Total Claims	18	- ** 20	= * 0	x	\$25	=	O R
Ind. Claims	3	- *** 3	= * 0	x	\$100	=	O R
<input type="checkbox"/> Multiple Dependent Claim Presented				+	\$180	=	O R
				<u>TOTAL</u>	= \$	O R	<u>TOTAL</u> = \$

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.  
 \*\*\* If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

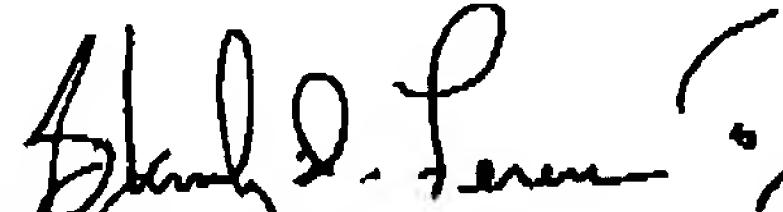
8.  Applicant encloses herewith a check for \$\_\_\_\_ to cover the filing fee.

9.  The Commissioner is hereby authorized to charge the \$\_\_\_\_ filing fee to Deposit Account No. 50-0510.

10.  The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

ERENCE &amp; ASSOCIATES

By   
 Stanley D. Ference III  
 Reg. No. 33,879

Dated: March 13, 2006

Mailing Address:

Customer No. 35195  
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